Wisconsin OCI

Exh #: <u>/ ¹ /</u>

Case #: <u>/ 8~C42836</u>

FORM AA CONSENT TO JURISDICTION STATEMENT

Filed with the Office of the Commissioner of Insurance, of the State of Wisconsin

BY

MTCP LLC

On Behalf of the Following Insurer

Name

Statutory Address

Unigard Indemnity Company

One General Drive Sun Prairie, WI 52596

Date: August _____, 2018

Name, Title, Address and Telephone Number of Individual to Whom Notices and Correspondence Concerning this Statement Should be Addressed:

Lloyd Yavener 218820 Huntmaster Road Gaithersburg, MD 20882 240-838-0302 lloyd@atlas.us.com

CONSENT TO JURISDICTION

MTCP LLC, a proposed affiliate of Unigard Indemnity Company, an insurer authorized to do business in the state of Wisconsin, pursuant to the requirements of ch. 617, Stats., does hereby consent to the jurisdiction of the Commissioner of Insurance and the courts of the state of Wisconsin upon acquiring control of Unigard Indemnity Company.

SIGNATURE
MTCP LLC has caused this statement to be duly signed on its behalf in the city of and state of Florida on the day of August, 2018.
(SEAL) BY W. Parko Name: Steven Pasko Title: Sole Member of MTCP LLC
Attest:
Som Soll/K Name: Sam Lebeyk
CERTIFICATION
The undersigned deposes and says that deponent has duly executed the attached statement dated August
Subscribed and sworn to this
Notary Public My commission expires 1 34 19

